

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution –General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 01-13-03.

The IRO reviewed therapeutic exercises, office visits, joint mobilization, myofascial release, electrical stimulation, physical performance test, muscle testing, therapeutic procedures and special reports rendered from 04-12-02 to 06-26-02 that were denied based upon “U”.

The Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4-12-02 through 5-3-02 (3 DOS)	99213	\$150.00 (1 unit @ \$50.00 X 3 DOS)			\$48.00	IRO DECISION	Reimbursement recommended in the amount of \$48.00 X 3 = \$144.00
4-12-02 through 5-3-02 (4 DOS)	97265	\$172.00 (1 unit @ \$43.00 X 4 DOS)			\$43.00	IRO Decision	Reimbursement recommended in the amount of \$43.00 X 4 DOS = \$172.00
4-12-02 through 5-3-02 (4 DOS)	97250	\$172.00 (1 unit @ \$43.00 X 4 DOS)			\$43.00	IRO Decision	Reimbursement recommended in the amount of \$43.00 X 4 DOS = \$172.00
4-12-02 through 5-3-02	97110	\$735.00 (1 unit @ \$35.00 X 21 units billed)			\$35.00	IRO Decision	Reimbursement recommended in the amount of \$35.00 X 21 units = \$735.00
4-12-02 and 4-24-02 (2 DOS)	97014	\$34.00 (1 unit @ \$17.00 X 2 DOS)			\$15.00	IRO Decision	Reimbursement recommended in the amount of \$15.00 X 2 DOS = \$30.00

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4-26-02 and 5-3-02 (2 DOS)	97150	\$54.00 (1 unit @ \$27.00 X 2 DOS)			\$27.00	IRO Decision	Reimbursement recommended in the amount of \$27.00 X 2 DOS = \$54.00
5-10-02 to 5-31-02 (3DOS)	99213	\$150.00 (1 unit @ \$50.00 X 3 DOS)				IRO Decision	No reimbursement recommended.
5-8-02 through 5-24-02 (3DOS)	97265	\$129.00 (1 unit @ \$43.00 X 3 DOS)				IRO Decision	No reimbursement recommended.
5-8-02 through 5-24-02 (3DOS)	97250	\$129.00 (1 unit @ \$43.00 X 3 DOS)				IRO Decision	No reimbursement recommended.
5-8-02 and 5-10-02	97110	\$280.00 (4 units @ \$140.00 X 2 DOS)				IRO Decision	No reimbursement recommended.
5-8-02	97150	\$27.00 (1 unit)				IRO Decision	No reimbursement recommended.
6-26-02	99080	\$32.50 (1 unit)				IRO Decision	No reimbursement recommended.
TOTAL		\$2,064.50					The requestor is entitled to reimbursement of \$1,307.00

The IRO concluded that therapeutic exercises, office visits, joint mobilization, myofascial release, electrical stimulation, physical performance test, muscle testing, therapeutic procedures and special reports after date of service 05-03-02 were not medically necessary. The IRO concluded that therapeutic exercises, office visits, joint mobilization, myofascial release, electrical stimulation, physical performance test, muscle testing, therapeutic procedures and special reports from 04-12-02 through 05-03-02 were medically necessary.

Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees (\$1,307.00). Therefore, upon receipt of this Order and in accordance with §133.308(r)(9) the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 01-15-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
3-8-02	99070	\$55.50	\$40.58	F	DOP	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Additional reimbursement recommended in the amount of \$14.92
5-6-02 and 5-8-02	99213	\$100.00 (1 unit @ \$50.00 X 2 DOS)	\$0.00	F	\$48.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$48.00 X 2 = \$96.00
5-14-02	97750-MT	\$172.00 (4 units)	\$43.00	F	\$43.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$43.00 X 4 units = \$172.00
TOTAL		\$327.50	\$83.58				The requestor is entitled to reimbursement in the amount of \$282.92

This Decision is hereby issued this 26th day of May 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable

rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 03-08-02 through 5-14-02 in this dispute.

This Order is hereby issued this 26th day of May 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION amended 2/3/04, 5/20/04

January 11, 2004

Re: IRO Case # M5-04-0983-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or

providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ____ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ____ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured his lower back in ____ when he lifted a 50-pound bag off a counter. He was treated with four weeks of therapy without relief of pain. He then began chiropractic treatment with the treating chiropractor. An MRI was obtained, and the patient was treated with medication and chiropractic treatment.

Requested Service(s)

Therapeutic exercise, office visit, special report, joint mobilization, myofascial release, electrical stimulation, physical performance test, muscle testing, therapeutic procedures 4/12/02 –6/26/02 except for 5/6/02, code 99213 for 5/8/02, code 97750-Mt for 5/14/02

Decision

I disagree with the carrier's decision to deny the requested services through 5/3/02, and agree with the decision to deny the s requested services after 5/3/02.

Rationale

The documentation provided for this review indicates that the patient had good results from the treating D.C.'s treatment. His pain was reduced from 9/10 to 0/10, his lumbar spine range of motion increased and his strength also increased, indicating that treatment was reasonable and effective in relieving symptoms and improving function.

On 5/3/02, it was noted that the patient had a VAS score of 0/10, indicating that the patient had no pain, and that treatment had been beneficial to the patient. However, treatment of the patient continued for several more weeks even though his VAS score was 0/10.

Treatment after 5/3/02 was not reasonable or necessary. The documentation after 5/3/02 lacked both subjective complaints and objective findings to support further treatment. On 5/24/03 the patient reported that he had not had any pain in three weeks. Thus treatment after 5/3/02 was over utilized and inappropriate. The patient should have been released from care on 5/3/02 and put on a home exercise program.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.